

**County/Direct Provider Approver Certification**

ADP 100121(Rev 08/02)

**For Access to Confidential ADP Drug Medi-Cal Information****County:** \_\_\_\_\_ (County Name and Two Digit County Number)**Direct Provider:** \_\_\_\_\_ (Direct Provider Name and Four Digit DMC Number)

To ensure the confidentiality of county/direct provider Drug Medi-Cal data, the Department of Alcohol and Drug Programs (ADP) requests the County ADP Administrator or Direct Provider Executive Officer designate a primary and a secondary contact to be responsible for approving county/direct provider staff requests for access to confidential patient data in the systems listed below. Please provide this information below and fax this form to (916) 323-0653. If you have questions about this form, please call (916) 323-2043.

**Primary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: : (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Approver's Signature: \_\_\_\_\_

(Signer acknowledges having read the attached Confidentiality Statement for Drug Medi-Cal Patient Data)

**Secondary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: : (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Approver's Signature: \_\_\_\_\_

(Signer acknowledges having read the attached Confidentiality Statement for Drug Medi-Cal Patient Data)

**Appointed Vendor(s): (If applicable)**

The vendor listed below has the authority to receive, send and process the above named county/direct provider's confidential ADP Drug Medi-Cal information as marked below. The vendor will establish it's own primary and secondary approving contacts.

Vendor Name: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Mental Health Systems:**

Short-Doyle / Medi-Cal Claims – EOB  
(SDMC-EOB)

**ADP Administrator/Executive Officer Certification:**

As County ADP Administrator or Direct Provider Executive Officer for \_\_\_\_\_ County/Direct Provider, I designate the above individuals and vendor, if applicable, to have independent authority to approve access requests to specific confidential Drug Medi-Cal patient data. ADP may rely on approvals, denials, and changes made by the above individual's/vendor in his/her processing of access requests to this county/direct provider's data in the systems listed above. As changes occur to the above approving contacts or vendor information (name, phone, e-mail), I will sign an updated certification and forward it to ADP. Also, I acknowledge reading the attached Confidentiality Statement for Drug Medi-Cal Patient Data.

\_\_\_\_\_  
County ADP Administrator/Direct Provider Executive Officer (signed and printed)\_\_\_\_\_  
Date

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95814-4037  
TDD (916) 445-1942



August 26, 2002

**CONFIDENTIALITY STATEMENT FOR DRUG MEDI-CAL PATIENT DATA**

The California Department of Alcohol and Drug Programs (ADP) is committed to protecting the privacy and security of the client data with which we are entrusted. We have partnered with the Department of Mental Health (DMH) to bring you your ADP Drug Medi-Cal data in a format that enables you to perform your business functions more efficiently to the ultimate benefit of your clients.

One of the outcomes of making your Drug Medi-Cal patient data accessible to you in an electronic format is that it is more vulnerable to unintentional disclosure than if it were only available as hard copy. You must be aware of this vulnerability and make every effort to secure the information after it has been downloaded to your staff's desktop computers. DMH has incorporated robust security measures into their system to protect the data until you receive it. It is your responsibility to continue to protect this patient data.

Federal law and regulations protect the confidentiality of all alcohol and drug abuse patient records. 42 Code of Federal Regulations, Subchapter A, Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records Section 2.13(a) and (b). The Section 2.13(a) states that:

The patient records to which these regulations apply may be disclosed or used only as permitted by these regulations and may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority. Any disclosure made under these regulations must be limited to that information needed to carry out the purpose of the disclosure.

Section 2.13(b) states that:

The restrictions on disclosure and use in these regulations and use of the patient data apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use that is not permitted by the regulations.

There are federal criminal penalties for unauthorized disclosure of up to \$500 for the first offense and up to \$5,000 for each subsequent offense. Because the information you are receiving is in a form that can easily be transmitted, copied, or viewed, it is essential that the appropriate security precautions be observed.

If you would like more information, please contact Helen Novak, Information Security Officer, ADP, at (916) 323-9832.